

Application

COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE (CENA)

APPLICATION NUMBER: CENA _____

I. APPLICANT INFORMATION

- A.** Name: _____ County: _____
- B.** Contact Person: _____ District: _____
- C.** Mailing Address: _____ Phone: _____
_____ Fax No: _____
_____ E-Mail: _____
- D.** Physical Address if different from C:

- E.** Applicant's Federal Identification Number (FEIN): _____
- F.** Board President Name: _____ Phone: _____
Cell: _____ Email: _____
- G.** Reimbursement Person Name: _____ Phone: _____
Cell: _____ Email: _____
- H.** Population of City/Town/County District 60+: _____
- I.** Total funds available for current year operational budget not including CENA:

- J.** OK Senate District: _____ OK House District: _____
- K.** US Senate District: _____ US Congressman District: _____
- L.** Center Serves Meals: _____ # Days Per Week/Month: _____
- M.** Enter the number of meals served per year:
On Site 60+ _____ Carry Out 60+ _____

Day of Week Meals Served	Weekly Hours of Operation AM/PM	Time Meal is Served
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

N. Social Activities available: _____ # of days Social Activities available per year _____

Social Activities available	Activity	Day/Week Available	Hours of Operation AM/PM
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

O. Insurance Carried by Entity: _____

P. Did you apply for REAP? _____

Q. Project applied for _____

R. Attended CENA Training _____ Location of Training Attended _____

II. PROJECT INFORMATION

- A. Purpose of Funding Request: _____

- B. Amount of grant request _____
- C. Total other fundraising and grants (type and amount): _____
- D. Local effort (type and amount): _____
- E. Total Project Costs: (D+E+F=G **Program will total**) _____

III. PROJECT IMPACT

- A. Describe your projects significance. **This Narrative is Crucial.** (Please, keep size to no more than 3,500 characters) _____

- B. Describe how the public is aware of your center? _____

